

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029631

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 605 Registrar's No. 311

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 30 1963

VS 300 Rev. 4/59 1 0940 2 0940 3 4 0 5 0 6 7 0 8 2 9 773.5 10 11 12 2.2 13 1-0	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION SHOULD READ BY AFFIDAVIT OF	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
	1		a. COUNTY	St. Francois		a. STATE	Missouri		
			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Rural St. Francois		b. COUNTY	St. Francois		
	2		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Mineral Area Osteopathic		c. CITY OR TOWN	Elvins		
			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			d. STREET ADDRESS (If outside, give location)	Box 222		
	3		3. NAME OF DECEASED			4. DATE OF DEATH			
			First	Middle	Last	Month	Day	Year	
	4		Mark Edward Porter			July 21 1963			
			5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	
	5		Male	White		7-21-63	0	Months	Days
			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY	
	6		Newborn			Rural St. Francois, Mo.			USA
			13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE
7	Clarence Albert Porter			Lora Katherine Camden			None		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT		
8	No			Mrs. L. Porter			Elvins, Mo.		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH					
9	IMMEDIATE CAUSE (a)			Respiratory Paralysis					
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			FETAL Pulmonary Immaturity					
10	DUE TO (b)			7h -					
	DUE TO (c)			PREMATURE DELIVERY					
11	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.					
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
12	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
	20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
13	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		
					STATE				
14	21. I attended the deceased from 7-21-63 to 7-24-63 and last saw him alive on 7-24-63								
	Death occurred at 12:00 noon m on the date stated above, and to the best of my knowledge, from the causes stated.								
15	22a. SIGNATURE (Degree or title)			22b. ADDRESS		22c. DATE SIGNED			
	M. Umbel D.			Farmington, Mo.		7-22-63			
16	23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		
	Burial		7-22-63		HillView Mem Gardens		Farmington, Mo.		
17	24. FUNERAL DIRECTOR			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
	Caldwell & Sons Flat River, Mo.			July 22, 1963		Esther Rudloff			

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.